

Eligibility for Dental Supplemental Payment Program

Application Request Criteria

Eligible governmental dental providers who choose to participate in the supplemental payment program must submit a written request by regular or special mail delivery to the HHSC Rate Analysis Department. The request, if accepted, will be effective the first day of the month after the request is approved. Below is the list of items that must be included with the participation request.

An acceptable request must include but is not limited to:

1. Overview of the governmental agency
2. Complete organizational chart of the governmental agency
3. Complete organizational chart of the dental department within the governmental agency providing dental services
4. List a primary contact for your organization, who will respond to questions or inquiries about the dental department. Please include Name, Address, Phone Number, E-mail Address and Fax Number.
5. All Texas Provider Identification (TPI) numbers and National Provider Identification (NPI) numbers utilized by your organization(s) Dental Department/Service for billing purposes
6. Any affiliations with other public or private dental providers
7. A signed letter documenting the governmental provider's voluntary contribution of non-federal funds
8. Whether your office already has or can establish an intergovernmental transfer (IGT) account with the Texas Comptroller's Office for the 1115 Waiver Dental Program
9. Whether your office already has or can establish a Texas Identification Number (TIN) and direct deposit with the Texas Comptroller's Office for the 1115 Waiver Dental Program